

SFS Conversion Travel Account Management

Maintenance Instructions



Topics

- Setup New Program Administrator
- Close Travel Account
- Create New Billing Account
- Request New Card Account

Steps to Add New Program Administrator

- See attached Program Administrator setup form
- Complete this form using Hierarchy Level 1 of 10645
- Use Hierarchy Level 2 that is assigned in the regular Travel program Hierarchy
- A new level 3 Hierarchy will be created and assigned to you
- Being added as the PA for this NET level 3 Hierarchy will allow you to request the new NET Travel card account

Close Travel Account

OVERVIEW

Use this procedure to close an account

KEY CONCEPTS

The Travel account should be closed using the **V-9** reason from the following possible closure reasons

- B9-Closed-Deceased:** Cardholder has passed away
- T1-Closed-Term:** Cardholder is no longer employed with your agency
- V9-Closed-Agency:** Used for all other closure reasons

Fields marked with the (§) symbol are not real time fields. Fields marked with the (‡) symbol indicate a previous maintenance request has been submitted but not yet processed. Fields with no symbol beside them will be updated in real – time

Close Travel Account

Online Instructions through CCMS

Access CCMS

Select **Card Management**

Select **Account Management**

Select **Modify Account**

Enter **Account Number** or **Name** in appropriate field, click **Search**

Select underlined account number you want to close

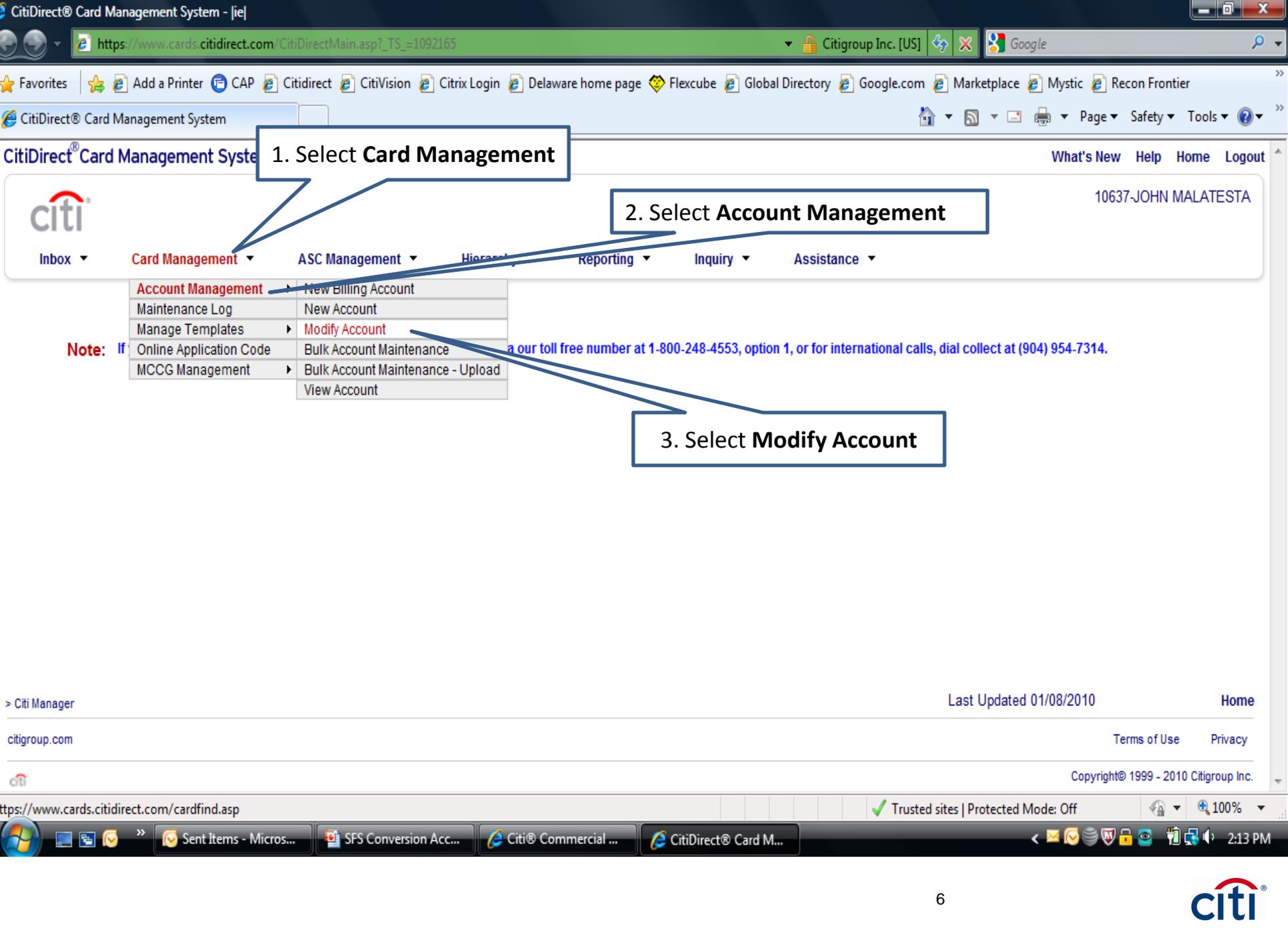
In the Demographics Section, For Account Status, click the drop down button

Highlight **V-9**

Scroll to bottom of screen, click **Submit**

Then click **OK**

You can also complete this by using the Maintenance form to close an account



1. Select **Card Management**

2. Select **Account Management**

3. Select **Modify Account**

Note: If you have any questions, please call our toll free number at 1-800-248-4553, option 1, or for international calls, dial collect at (904) 954-7314.

Account Management	New Billing Account
Maintenance Log	New Account
Manage Templates	Modify Account
Online Application Code	Bulk Account Maintenance
MCCG Management	Bulk Account Maintenance - Upload
	View Account

Last Updated 01/08/2010

Home

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Card Management - Account Management - Modify Account

1. Enter **Account Number** or **Name** in appropriate field

Last Name: sm
First Name:
Account Number:
Employee Id:

2. Click **Search**

<u>account number</u>	<u>name</u>	<u>account status</u>	<u>product type</u>	<u>last login</u>
<u>xxxxxxxx000370</u>	Bg Smith	T5 - CLOSED - Stolen	PURCHASE - Centrally Billed	
<u>xxxxxxxx000159</u>	Dante Smith	T5 - CLOSED - Stolen	PURCHASE - Centrally Billed	10/9/2008 5:49:44 PM
<u>xxxxxxxx000792</u>	Laura Smith	T1 - CLOSED - Term	PURCHASE - Centrally Billed	8/9/2008 11:05:26 AM
<u>xxxxxxxx001003</u>	Norman Smith	F1 - CLOSED - Lost	PURCHASE - Centrally Billed	
<u>xxxxxxxx001214</u>	Tracy Smith	-- Open	PURCHASE - Centrally Billed	12/7/2009 12:55:44 PM

(1 - 5 of 5)

3. Select underlined account number you want to close

Card Management - Account Management - Modify Account

The Travel account should be closed using the **V-9** reason from the following possible closure reasons

- B9-Closed-Deceased:** Cardholder has passed away
- T1-Closed-Term:** Cardholder is no longer employed with your agency
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* An asterisk indicates a required field.
§ A section sign indicates non real time field.
‡ A double dagger indicates a pending maintenance request field.

demographics

Product Type: PURCHASE - Centrally Billed
Account Type: Cardholder
Date Account Opened: 07/08/2009
Account Last Updated: 12/29/2009 11:36:37
Account Status: -- Open
Date Status Changed: -- Open
Card Number: T1 - CLOSED - Term
* Last Name: B9 - Closed - Deceased
* § First Name: TRACY
* Verification Information: 095683*
Department/Employing Unit: Training
* Statement Billing Address Line 1: 123 Main Street
Statement Billing Address Line 2: Suite 500
* Statement Billing City: Any City * State: AA * ZIP: 99999
Business Phone: 1234567890 Fax Number: 1234567890

1. In the Demographics Section, For Account Status, click the drop down button - Highlight **V-9**

Scroll to bottom of screen, click **Submit**
Then click **OK**

Create New Billing Account

Online Instructions through CCMS

Access CCMS

Select **Card Management**

Select **Account Management**

Select **New Billing Account**

Click **Assign** for Assign New Billing Account to Hierarchy

Level 1 Hierarchy = **10645**, click **Next**

Level 2 Hierarchy = Your agency level 2 Hierarchy, click **Next**

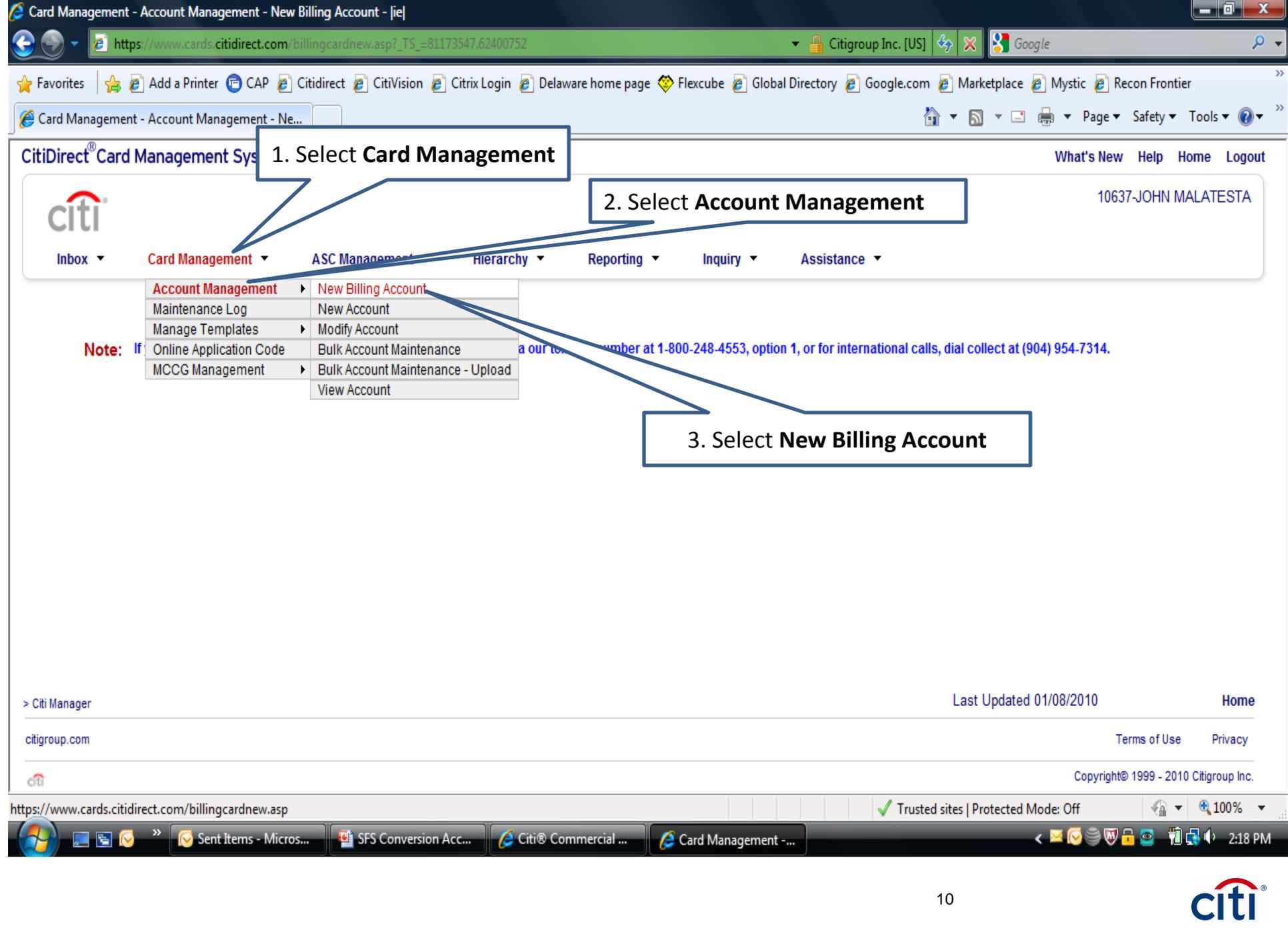
Level 3 Hierarchy click **Assign**

Then click **Create Request**

Complete required information (has asterisk next to category)

Click **Submit**

You can also complete this by using the form to create a new account



1. Select **Card Management**

2. Select **Account Management**

3. Select **New Billing Account**

Note: If you are having trouble with your account, please call our toll-free number at 1-800-248-4553, option 1, or for international calls, dial collect at (904) 954-7314.

CitiDirect® Card Management System

What's New | Help | Home | Logout



1. Click **Assign** for Assign New Billing Account to Hierarchy

10637-JOHN MALATESTA

Inbox | Card Management | ASC Management | Hierarchy | Inquiry | Assistance

Card Management - Account Management - New Billing Account

Assign New Billing Account to Hierarchy

Business Unit:

Product Type:

Assign Hierarchy - [ie]

Assign Hierarchy

Level 1 **10637 - Unit Level 1**

Level 2 **10638 - Demo 23**

Level 3 **30001 - Unit 52**

Level 1 Hierarchy = **10645**, click **Next**
Level 2 Hierarchy = Your agency level 2 Hierarchy, click **Next**
Level 3 Hierarchy click **Assign**

Card Management - Account Management - New Billing Account

Assign New Billing Account to Hierarchy

Business Unit: 30001 - Unit 52

Product Type: PURCHASE - Centrally Billed

Then click **Create Request**

Create New Card Account

Online Instructions through CCMS

Access CCMS

Select **Card Management**

Select **Account Management**

Select **New Account**

Click **Assign** for Assign New Account to Hierarchy

Level 1 Hierarchy = **10645**, click **Next**

Level 2 Hierarchy = Your agency level 2 Hierarchy, click **Next**

Level 3 Hierarchy = New Billing Account Hierarchy, click **Next**

Continue this until you reach the hierarchy where you assign card accounts, click **Assign**

Then click **Create Request**

Complete required information for Demographics(has asterisk next to category)

In the field **Billing Office Code/Corp ID**, enter your **Billing Account Hierarchy Number assigned**

Complete information for **Controls**

Click **Submit**

Click **Close**

You can also complete this by using the form to create a new account

1. Select Card Management

2. Select Account Management

Inbox ▾ **Card Management** ▾ ASC Management ▾ Reporting ▾ Inquiry ▾ Assistance ▾

Account Management	New Billing Account
Maintenance Log	New Account
Manage Templates	Modify Account
Online Application Code	Bulk Account Maintenance
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	View Account

Note: If you need assistance, please call our toll free number at 1-800-248-4553, option 1, or for international calls, dial collect at (904) 954-7314.

3. Select New Account

Level 1 Hierarchy = **10645**, click **Next**
Level 2 Hierarchy = Your agency level 2 Hierarchy, click **Next**
Level 3 Hierarchy = New Billing Account Hierarchy, click **Next**
Continue this until you reach the hierarchy where you assign card accounts, click **Assign**

Assign New Account to Hierarchy

Business Unit:

Product Type:

Last Name:

select	template name	template description
<input type="radio"/>	DEMO 2	DOT
<input type="radio"/>	DEMO 3	TEST HOLCIM TEMPLATE

Assign Hierarchy

Level 1 **10637 - Unit Level 1**

Level 2 **10638 - Demo 23**

Level 3 **30001 - Unit 52**

Level 4 **40001 - Unit 80**

Level 5 **50001 - Unit 15**

Then click **Create**

New Account
https://www.cards.citidirect.com/CardEditMain.ASP?cmgt=n

* An asterisk indicates a required field.

demographics

Complete required information for Demographics (has asterisk next to category)
In the field **Billing Office Code/Corp ID**, enter your **Billing Account Hierarchy Number** assigned

Product Type: PURCHASE - Centrally Billed

* Last Name:

* First Name: Middle Initial:

Social Security Number:

* Verification Information:

Department/Employing Unit: Training Corporate

* Statement Billing Address Line 1:

Statement Billing Address Line 2:

* Statement Billing City: * State: AA * ZIP:

Shipping Address same as Billing Address:

* Shipping Address Line 1:

Shipping Address Line 2:

* Shipping City: * Shipping State: AA * Shipping ZIP:

* Business Phone: Fax Number:

* Email:

Discretionary Code 1:

Employee ID:

Discretionary Code 3:

controls

controls

Hierarchy: 10637-10638-30001-40001 - Unit 80

* Agent Number:

ASC Assignment:

* Corp ID:

* Cycle/Credit Limit \$:

Single Transaction Dollar Limit \$:

Number of Transactions per Cycle:

Number of Transactions per Day:

Convenience Check Indicator: Yes No

Cash Advance (% of Credit Limit): (in \$):

* MCC Group(s):

Complete information for **Controls**

Click **Submit**
Click **Close**

